PTO/SB/21 RE

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information unless it displays a valid OMB control number. 10/675,736 **Application Number** 09/29/2003 Filing Date Shen et al First Named Inventor **Examiner Name** Allen J. Heinz 2653 Group Art Unit HSJ920030040US1 Attorney Docket Number 4 + postcard er of Pages in This Submission

<u> </u>		ENCLOSURES (check all that apply)					
Fe ^d e Transmittal Form		Assignment Papers (for an Application)	After Allowance to Group	Communication			
Fee Attached X Response to Restriction Requirement After Final X Extension of Time Request Express Abandonment Request Information Disclosure Statement PTO Form 1449 (no.) cited references Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application PTO Form 1533 Response to Missing Parts Under 37 CFR 1.52 or 1.53 06/28/2005 HTECKLU1 00000030 10675736 11 FC:1251 120.00 0P		Formal Drawing(s) Licensing-related Papers Petition Checklist and Accompanying Petition To Convert a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Remarks:	of Appeals and Appeal Commu (Appeal Notice, Bri Proprietary Info Status Letter X Additional Encl	X Additional Enclosure(s) (please identify below):			
		SIGNATURE OF APPLICANT, ATTORNEY, OR AG	ENT				
Firm <i>or</i> Individual Name Signature Date	Ervin F. Johnston Reg. No. 20, 190 June 22, 2005	A house					
		CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date:							
Typed or printed name Ervino Johnston							
Signature Opini (which Date June 22, 2005							

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nder the Paperwork Reduction Act of 1995, no persons are required t	0 10000114 10 4 0011001				
!			Complete If Known		
FEE TRANSMITTAL	Application Number		10/675,736		
Patent fees are subject to annual revision on October 1 These are the fees effective November 10	Filing Date		09/29/2003		
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12	First Named Inventor		Shen et al		
See 37 C.F.R. §§ 1.27 and 1.28 JUN 2 7 2005	Examiner Name		Heinz		
	Group / Art Unit		2653		
TOTAL AMOUNT OF PAYMENT (\$) 120.80 TRADENA	Attorney Docket No.	orney Docket No. HSJ920030040US1			
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number Deposit Account Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Payment Enclosed: X Check Money Order Other FEE CALCULATION 1. BASIC FILING FEE	Large Entity Fee Fee Code (\$) 105 130 147 2,520 112 920* 113 1,840* 115 110 116 400 117 920 118 1,440 128 1,960 119 320 120 320 121 280 138 1,510	NAL FEES Small Entity Fee Fee Code (\$) 205 65 147 2,520 112 920* 113 1,840* 215 55 216 200 217 460 218 720 228 980 219 160 220 160 221 140 138 1,510	Fee Description Surcharge - late filling fer for filling a request for requesting publication Examiner action Examiner action Extension for response Extension for Extension F	eexamination of SIR prior to of SIR after within first month within second month within fourth month within fourth month within fifth month of an appeal g ublic use proceeding	
Large Entity Small Entity Fee	140 110 141 1,280 142 1,280 143 460 144 620 122 130 126 180 581 40 146 740 149 740	240 55 241 640 242 640 243 230 244 310 122 130 126 180 581 40 246 370 249 370	Petition to revive unavoidably abandoned application Petition to revive unintentionally abandoned application Utility issue fee (or reissue) Design issue fee Plant issue fee Petitions to the Commissioner Submission of Information Disclosure Stmt Recording each patent assignment per property (times number of properties) Filing a submission after final rejection (37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b)) Request for continued examination (RCE) (37 CFR 1.114)		
Independent Claims - 11** = x = Multiple Dependent Claims x = ** or number previously paid, if greater; For Reissues, see below	Other fee (specify)	249 370			
Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 104 270 204 135 Multiple dependent claims 109 80 209 40 **Reissue independent traims 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20 110 18 210 9 **Reissue claims in excess of 20	Other fee (specify) *Reduced by Basic Filing Fee I		SUBTOTAL (3) (\$) 120.00		
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SUBMITTED BY		COMPLETE (if applicable)			
Typed or Printed Name Ervin F. Johnston		Re	Reg. Number 20,190		
Signature Dimin Training	Da	ate	June 22, 2005		